

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE J		PAGE OF PAGES 1	
2. AMENDMENT/MODIFICATION NO. 0001		3. EFFECTIVE DATE 12-Dec-2001		4. REQUISITION/PURCHASE REQ. NO. W807PM-1289-6092		5. PROJECT NO.(If applicable)	
6. ISSUED BY VBURG CONSOL CONTRACTING OFC 4155 CLAY STREET VICKSBURG MS 39183-3435		CODE DACW38		7. ADMINISTERED BY (If other than item 6) See Item 6		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)				<input checked="" type="checkbox"/> 9A. AMENDMENT OF SOLICITATION NO. DACW38-02-B-0002			
				<input checked="" type="checkbox"/> 9B. DATED (SEE ITEM 11) 26-Nov-2001			
				10A. MOD. OF CONTRACT/ORDER NO.			
				10B. DATED (SEE ITEM 13)			
CODE		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning <u> 1 </u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A.THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B.THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C.THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D.OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Reference Invitation for Bid No. DACW38-02-B-0002 for Batupan Bogue Watershed, Little Bogue and Mouse Creek, FC/MR&T, Yazoo Basin, Montgomery County, Mississippi, Demonstration Erosion Control (DEC), Bank Stabilization, (BS-00-030), scheduled to open January 8, 2002 is amended as shown. Replace the Revised sheet with the existing sheet: Drawings: Sheet 12 of 40 Specifications: Add Construction Quality Management Report after Section 01451, CONTRACTOR QUALITY CONTROL.							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer)		16C. DATE SIGNED 11-Dec-2001	

CONSTRUCTION QUALITY MANAGEMENT REPORT

Contractor: _____ Date: _____

Contract No. DACW38- _____ Daily Report No. _____

Project Title & Location: _____

Weather: _____ Precipitation: _____ in. emp.: _____ Min _____ Max

Work Control Feature: _____ Portion of Day Suitable for Work: _____ %

1. Contractor/Subcontractors and Area of Responsibility:

NUMBER:	TRADE	HOURS	EMPLOYER	LOCATION/DESCRIPTION WORK
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Operating Plant or Equipment. (Not hand tools)

PLANT/EQUIPMENT	DATE OF ARRIVAL/DEPART	DATE OF SAFETY CHECK	HOURS USED	HOURS IDLE	HOURS REPAIR
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Work performed today: (Indicate location and description of work performed by prime and/or subcontractors by number in table (1) above.)

CQM REPORT FORM (Cont'd)

4. Results of control activities: (Indicate whether P - Preparatory, I - Initial, or F - Follow-up Phase. When a P or I meeting is conducted, complete attachment I-A or I-B, respectively. When network analysis system is used, identify work by use of I-J)

5. Tests performed as required by plans and/or specifications:

6. Materials received:

7. Submittals Reviewed:

(a) Submittal No.	(b) Spec/Plan Reference	(c) By Whom	(d) Action
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8. Offsite surveillance activities, including action taken:

9. Job safety: (Report violations; Corrective instructions given; Corrective actions taken.)

CQM REPORT FORM (Con't)

10. Remarks: (Instructions received or given. Conflict(s) in Plans and/or specifications.)

Contractor's Verification: On behalf of the Contractor, I certify this portion of the report is complete and correct, and all materials and equipment used and work performed during this reporting period are in compliance with the plans and specifications, to the best of my knowledge, except as noted above.

Authorized CQM System Manager Date

GOVERNMENT QUALITY ASSURANCE REPORT	
1. Do you concur with the Contractor's Report for this period?	___Yes___*No
2. Did you observe any QC testing/inspections or perform any QA evaluations or verification of materials?	___*Yes___No
3. Were any instructions given to or information received from the Contractor?	___*Yes___No
4. Has anything developed on the work which, in your opinion, might lead to a change order or contract claim?	___*Yes___No

5. Safety Observations and General Comments/Remarks. (Use back of this form if more space is needed.) Answers to 1-4 above with an asterisk (*) are to be explained below.	
<p>I certify that this report is complete and accurate to the best of my knowledge.</p> <p style="text-align: right;"> _____ Government Quality Assurance Representative Date </p>	

PREPARATORY PHASE CHECKLIST FORM

Contract No.: _____ Date: _____

Definable Feature: _____ Spec Section: _____

Government Rep Notified _____ Hours in Advance Yes _____ No _____

I. Personnel Present:

	NAME	POSITION	COMPANY/GOVERNMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

(List additional personnel on reverse side)

II. Submittals

1. Review submittals and submittal log 4288. Have all submittals been approved? Yes _____ No _____

If No, what items have not been submitted?

- a. _____
b. _____
c. _____

2. Are all materials on hand? Yes _____ No _____

If No, what items are missing?

- a. _____
b. _____
c. _____

3. Check approved submittals against delivered material. (This should be done as material arrives.)

Comments _____

III. Material storage

Are materials stored properly? Yes _____ No _____

If No, what action is taken? _____

PREPARATORY PHASE CHECKLIST FORM (Cont'd)

IV. Specifications

1. Review each paragraph of specifications.

2. Discuss procedure for accomplishing the work.

3. Clarify any differences.

V. Preliminary Work

Ensure preliminary work is correct.

If not, what action is taken? _____

VI. Testing

1. Identify test to be performed, frequency, and by whom. _____

2. When required? _____

3. Where required? _____

4. Review Testing Plan. _____

5. Has test facilities been approved? _____

VII. Safety

1. Review applicable portion of EM 385-1-1. _____

2. Activity Hazard Analysis approved? Yes _____ No _____

VIII. Corps of Engineers comments during meeting.

CQC Representative

INITIAL PHASE CHECKLIST FORM

Contract No.: _____ Date: _____

Definable Feature: _____

Government Rep Notified: _____ Hours in Advance Yes _____ No _____

I. Personnel Present:

	NAME	POSITION	COMPANY/GOVERNMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(List additional personnel on reverse side)

II. Identify full compliance with procedures identified at preparatory phase. Coordinate plans, specifications, and submittals.

Comments: _____

III. Preliminary work. Ensure preliminary work is complete and correct. If not, what action is taken? _____

IV. Establish Level of Workmanship.

1. Where is work located? _____
2. Is a sample panel required? Yes _____ No _____
3. Will the initial work be considered as a sample? Yes _____ No _____
(If yes, maintain in present condition as long as possible.)

V. Resolve any Differences.

Comments: _____

INITIAL PHASE CHECKLIST FORM (Cont'd)

VI. Check Safety.

Review job condition using EM 385-1-1 and job hazard analysis.

Comments: _____

CQC Representative